PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further c indicated unless corrected maintenance fee notificati	d below or directed oth	g the Patent, advance of erwise in Block 1, by (a	rders and notification a) specifying a new co	of maintenance fees orrespondence addres	s; and/or (b)	indicating a se	ni correspondence parate "FEE AD:	DRESS" fo
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Pee(s) Transmittal This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must paper its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an eavelop addressed to the Mail-8top-USUE FEE address-weve, or being facsimil transmitted to how CSPIC (STI) \$77.2835_errific date indicated below.							
OPTV/MEYER MEYERTONS, I P.O. BOX 398 AUSTIN, TX 78'								
AOSIIIV, IA 70	707-0320			Roser	D. Ble	alun	(De	epositor's name
				/ \				(Signature
				<u> </u>	J.~	30 20	y	(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	OR	ATTORNE	Y DOCKET NO.	CONFIRMAT	TON NO.
09/980,271	09/980,271 11/30/2001		Alain Delpuch		5266-09100 1037			7
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	THE WIRE TO	OTAL FEE(S) DU	JE DATE	DUE
L	NO NO	\$1510	\$0	SO SO	outus 1	\$1510	07/01/	
nonprovisional						φ1310	07/01/	2011
EXAMINER		ART UNIT	CLASS-SUBCLASS					
BROWN, RUEBEN M		2424	725-030000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 2 Meyertons, Hood, Kivlin, Kowert & Goetzel, P.I. of the patent attorneys or agents. If no name is					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			2 registered patent attornoys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN								
PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NO	data will appear on th T a substitute for filing	ne patent. If an assig g an assignment.	nce is identit	fied below, the	document has be	en filed fo
(A) NAME OF ASSIG				CITY and STATE OR				
OPENTV, INC. San Francisco, CA								
Please check the appropria	ate assignee category or	categories (will not be pa	inted on the patent):	Individual 🛛 (Corporation o	r other private g	group entity 🗖 G	Governmen
4a. The following fec(s) as	re submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						
☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501505 (enclose an extra copy of this form).					
5. Change in Entity State	us (from status indicated SMALL ENTITY statu		and the same of th	longer claiming SMA				
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestords of the United Sta	ired) will not be accepte es Patoni and Trademark						ther party i
Authorized Signature _	/_/	/		Date	ال	30 , Z	olj	
Typed or printed name Rory D. Rankin				Registration				wowoon
This collection of informan application. Confident submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur ginia 22313-1450. DO 3-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR CO.	on is required to obtain 1.14. This collection is depending upon the i e Chiel Information O COMPLETED FORMS	or retain a benefit by s estimated to take 12 ndividual case. Any of fficer, U.S. Patent and S TO THIS ADDRES	the public w minutes to c comments on i Trademark S. SEND TC	hich is to file (a omplete, includ the amount of Office, U.S. De commissione	nd by the USPTC ing gathering, pro- time you require partment of Com- r for Patents, P.O	to process aparing, an to complet imerce, P.C b. Box 1450
Under the Paperwork Red	uction Act of 1995, no p	persons are required to re-	spond to a collection of	r mrormation unless it	atsplays a va	ana OMB contr	or number.	